



EMPLOYER HEALTH AND SAFETY CHECK

<p>OFFICE USE ONLY</p> <p>EMPLOYER RISK RATING (please tick <input checked="" type="checkbox"/>)</p> <p>High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/></p> <p>All areas highlighted in 'Red' indicate high risk factors should an employer fail to meet the relevant checks.</p>	<p><input type="checkbox"/> Approved <input type="checkbox"/> Wait Insurance <input type="checkbox"/> Failed</p> <p>Actions/ Recommendations:</p>
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EMPLOYER TO COMPLETE BELOW

Employer/Company Name:		Number of Employees:			
WHAT SECTOR IS YOUR BUSINESS IN?					
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <input type="checkbox"/> Animal Care <input type="checkbox"/> Business Services <input type="checkbox"/> Charity <input type="checkbox"/> Construction <input type="checkbox"/> Education/Training <input type="checkbox"/> Engineering <input type="checkbox"/> Hair & Beauty <input type="checkbox"/> Health & Care <input type="checkbox"/> Hospitality & Catering </td> <td style="width: 50%; border: none; vertical-align: top;"> <input type="checkbox"/> ICT <input type="checkbox"/> Legal <input type="checkbox"/> Leisure, Sports & Tourism <input type="checkbox"/> Public <input type="checkbox"/> Retail <input type="checkbox"/> Warehousing <input type="checkbox"/> Utility <input type="checkbox"/> Other (please write) </td> </tr> </table>				<input type="checkbox"/> Animal Care <input type="checkbox"/> Business Services <input type="checkbox"/> Charity <input type="checkbox"/> Construction <input type="checkbox"/> Education/Training <input type="checkbox"/> Engineering <input type="checkbox"/> Hair & Beauty <input type="checkbox"/> Health & Care <input type="checkbox"/> Hospitality & Catering	<input type="checkbox"/> ICT <input type="checkbox"/> Legal <input type="checkbox"/> Leisure, Sports & Tourism <input type="checkbox"/> Public <input type="checkbox"/> Retail <input type="checkbox"/> Warehousing <input type="checkbox"/> Utility <input type="checkbox"/> Other (please write)
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WORKPLACE ADDRESS:	Main Contact Name:				
	Main Contact Tel:				
	Main Contact Email:				
	Where relevant: H&S Contact Name:				
	H&S Contact Tel:				
Post Code		H&S Contact Email:			
PROGRAMME TYPE:					
<input type="checkbox"/> Year 12 Work Experience					

ENFORCEMENT ACTION: (Prosecutions/Notices)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	
Is Employer's Liability Insurance current and	Insurance Company:

other insurances in place as appropriate to the business undertakings? <input type="checkbox"/> Yes <input type="checkbox"/> No	Policy Number:	
	Expiry Date:	

SAFEGUARDING YOUNG PEOPLE AND VULNERABLE GROUPS	Yes/No	Comments
Is the employer aware of any child protection issues within the organisation?		
ASSESSMENT OF STANDARD: <input type="checkbox"/> Achieved <input type="checkbox"/> Part Achieved <input type="checkbox"/> Not Achieved		

EMPLOYER HEALTH & SAFETY STANDARDS

HEALTH AND SAFETY	Yes/No	Evidence/Comments
Is there a clear Health & Safety Policy in place (written policy statement mandatory when 5 or more employees)		
ASSESSMENT OF STANDARD: <input type="checkbox"/> Achieved <input type="checkbox"/> Part Achieved <input type="checkbox"/> Not Achieved		

RISK ASSESSMENT AND CONTROL	Yes/No	Evidence/Comments
Have risk assessments been carried out and significant risks identified that takes into account a young person?		
ASSESSMENT OF STANDARD: <input type="checkbox"/> Achieved <input type="checkbox"/> Part Achieved <input type="checkbox"/> Not Achieved		

ACCIDENTS, INCIDENTS AND FIRST AID	Yes/No	Evidence/Comments
Are there adequate arrangements in place for first aid and accident reporting (where feedback is given to the students school should an accident occur)?		
ASSESSMENT OF STANDARD: <input type="checkbox"/> Achieved <input type="checkbox"/> Part Achieved <input type="checkbox"/> Not Achieved		

SUPERVISION, TRAINING, INFORMATION AND INSTRUCTION	Yes/No	Evidence/Comments

Are initial health and safety information, instruction and training given to all new employees on recruitment and any such training recorded?		
ASSESSMENT OF STANDARD: <input type="checkbox"/> Achieved <input type="checkbox"/> Part Achieved <input type="checkbox"/> Not Achieved		

WORK EQUIPMENT AND MACHINERY	Yes/No	Evidence/Comments
Please confirm that students will not come in contact with machinery and equipment that is deemed inappropriate or unsafe?		
Are guards and control measures in place as determined through risk assessments?		
ASSESSMENT OF STANDARD: <input type="checkbox"/> Achieved <input type="checkbox"/> Part Achieved <input type="checkbox"/> Not Achieved		

FIRE AND EMERGENCIES	Yes/No	Evidence/Comments
Is there a means of raising the alarm and fire detection in place?		
Is fire-fighting equipment, preventive measures and emergency arrangements maintained, including through tests and practice drills?		
Please confirm that students will not be exposed to hazards from physical, chemical and biological agents.		
ASSESSMENT OF STANDARD: <input type="checkbox"/> Achieved <input type="checkbox"/> Part Achieved <input type="checkbox"/> Not Achieved		

EMPLOYER DECLARATION

I confirm that the Learner(s) are treated as employees for the purposes of insurance and will be covered by the Organisation’s Employer’s Liability Insurance Policy, Public Liability and where appropriate Motor Vehicle Insurance for Business use.

The Learner(s) will be provided with an induction on their first day, covering the following:

- Basic introduction to Health and Safety
- Tour of the premises
- First Aid procedures
- Fire and evacuation procedures

- Hazards around the workplace
- Welfare facilities
- Introduction to staff and duties.

Relevant training instruction and information will be provided with the addition of effective supervision to monitor the Learner(s) capacity and competence to do the work.

I confirm that I am unaware of any Safeguarding issues within my company and the details of this Young Person(s) Health, Safety and Welfare Report are correct **and will remain correct from when the young person attends their work experience placement** which takes place (please write dates of placement) _____

THE EMPLOYER OR THEIR REPRESENTATIVE:

(Please sign to agree that this is an accurate record of the assessment)

Signed:	Print Name:
Job Title:	Date:

OFFICE USE ONLY

ASSESSMENT OUTCOME : Accept Accept with action plan Reject

PLACEMENT RISK CATEGORY: High Medium Low

ASSESSMENT UNDERTAKEN BY:

NAME:	
JOB TITLE:	
DATE OF ASSESSMENT:	

